

# Norfolk County Retirement System

## Change of Address Form

Member Name: \_\_\_\_\_

Member SS # (Last 4 digits) XXX-XX- \_\_\_\_\_

Old Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_